348 South Main St PO Box 366, Sparta, NC 28675 (336) 372-8974 FAX: (336) 372-5028

I do hereby certify that I will not employ more than three people during the construction of my house to which I am my own contractor. In the event that I hire more than three employees, I will furnish the Alleghany County Inspection Department with a copy of my Workmen's Compensation Insurance prior to the issuance of a building permit. If I hire Sub-Contractors and they have Workers' Compensation I will have the form from them stating so.

If I hire a licensed Electricians, Plumbers, and Mechanical Contractors, they will be responsible for calling in their own inspections.

I understand that by law I will have to occupy this residence for a period of twelve (12) months, before I would be eligible for selling this house.

Signature
Date

Alleghany County Inspection Department Building Application

Last Name:	First Name:
General Location:	
Address:	City: State: Zip:
Phone #:Parcel	ID #
General Contractor	License #
Electrical Contractor	License#
Plumbing Contractor	License#
Mechanical Contractor	License#
In Watershed: Y□ N□ Subdivision Type	
Distance of stream:Stream Name:	Near the Parkway: Y \square N \square
On Ridge Y□N□ Ridge Name	Elevation
NewAdditionRemodeling_Ga	arage/CarportDeckRoofing
Well Permit #Health Department	ment # No. of Room
No. of BedroomsNo. of Bathrooms	No. of StoriesType of Heat
SqFt HeatedSqFt Unheated	Project Cost
Job Description:	
I hereby certify that all information in the application that all work shall comply with all the local, state laws. I will notify the Alleghany County Buildin approved plans and specifications and contractor understand the Alleghany County Building Insperpentit fees within seven (7) days of date of applications.	e and federal rules, regulations, ordinances and g Inspections Department of any changes in the information for the project permitted herein. I ections Department must receive payment of all
Applicant's Signature	(Seal)
Print Name	Date
County Planner Approval	Date
Comments:	
Inspector Approval:	Date

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[_, State that I will be doing theElectrical,
Mechanical,	Plumbing for:
Contractor/Owner Nam	e:
Address of Job Site:	
I haraby cartify that all i	information in the application is correct to the
	nd that all work shall comply with all the local,
state and federal rules, r	regulations, ordinances and laws.
	uld abandon this job for any reason I shall
	spection Department so they can remove my
company name from the	said permit.
Company Name:	
Company Owner Signat	ure:
Date:	

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Address of Job Site:	
best of my knowledge a	information in the application is correct to the nd that all work shall comply with all the local, regulations, ordinances and laws.
	ould abandon this job for any reason I shall aspection Department so they can remove my
company name from th	e said permit.
Company Name:	
Company Owner Signa	ture:
Date:	

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Address of Job Site:	
best of my knowledge ar	information in the application is correct to the nd that all work shall comply with all the local, regulations, ordinances and laws.
inform the Alleghany In	uld abandon this job for any reason I shall spection Department so they can remove my
company name from the	said permit.
Company Owner Signa	ture:
Date:	

Alleghany County Inspection Department Site Plan

Name:	Date:
EXAMPLE	E: <u>Only</u> show estimated footage from property line to house
	20
	- 52
	_ 60 _ \
	20 Property Line only

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Erosion Control Plan Statement

Name:		A L	
	B	7	
 Will any land disturbing Activities occ 	eur in proximity	Yes	No
(25 feet) to a lake or natural watercour	Y		
 Will any land disturbing activities occu 	ar in proximity	Yes	No
(25feet) to waters classified as trout wa	aters?		
• Will the land disturbing activities com	prise more than	Yes	No
one acre?			
A Yes answer to any of the above questions i			
Erosion Control Plan is required prior to issu		•	•
Building Permit. North Carolina Department			ural
Resources Erosion Control Plan Number:			
Applicant's Signature:	Date:		
Print Name:			